PTO/SB/06 (07-06) Approved for use through 1/31/2007, OMB 0651-0032

Approve for use integring in a control to the page with the page work. Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/606,423			ing Date 26/2003	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)								OTHER THAN SMALL ENTITY OR SMALL ENTITY					
FOR NUMBER				LED NUM		IBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A			N/A		1	N/A		
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A			N/A			N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),	E or (q))	N/A		N/A			N/A			N/A		
	FAL CLAIMS CFR 1.16(i))		minus 20 =		•			x \$ =		OR	x s =		
	EPENDENT CLAIM CFR 1.16(h))		minus 3 =					x \$ =]	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addi	If the specification and drawi sheets of paper, the applicati is \$250 (\$125 for small entity additional 50 sheets or fraction 35 U.S.C. 41(a)(1)(G) and 37			n size fee due for each i thereof. See							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))										1			
* If	he difference in col	r "0" in col		TOTAL		J	TOTAL						
APPLICATION AS AMENDED – PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY													
AMENDMENT	11/21/2006	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	· 37	Minus	38		= 0		x \$ =		OR	X \$50=	0	
	Independent (37 CFR 1.16(h))	• 6	Minus	***6		= 0		x \$ =		OR	X \$200=	0	
	Application Size Fee (37 CFR 1.16(s))												
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
TOTAL ADD'L FEE										OR	TOTAL ADD'L FEE	0	
(Column 1) (Column 2) (Column 3)													
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16(i))		Minus	**				x \$ =		OR	x \$ =		
	Independent (37 CFR 1.16(h))		Minus	***				x \$ =		OR	x \$ =		
	Application Size Fee (37 CFR 1.16(s))]			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
** 11	If the entry in column 1 is less than the entry in column 2, write 0° in column 3. If the "Highest Marber Proviously Paid For IN THIS SPACE is less than 30, enter "20". If the "Highest Number Proviously Paid For IN THIS SPACE is less than 3, enter "20". If the "Highest Number Proviously Paid For IN THIS SPACE is less than 3, enter "20". DAVINA O. BUTILER! DAVINA OR BUTILER! DESCRIPTION OF THE PROVISION PRINT OF COLUMN THE PROVINCE PRINT OF THE PRINT												

The considerance of information is required by 37 CER. 1.16. The information is required to obtain or retain a based by the public which his lost life list of the processory and application. Confidentiality is ownered by 80 Sec. 72 and 37 CER. 1.14. This collection is estimated to take 92 annuals to complete a position form to the USPTO. I mine will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for motioning this burden, about the sent to the CER information Officer. US. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrias, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrias, VA 22313-1450.